

Home Health Services Plan of Care / Certification Suggested Clinical Data Elements

Version R1.0b (9/5/2017)

Note: If these CDEs are used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required
- 4) CDEs in purple Tahoma are required for certification and, where noted, for recertification

Beneficiary Information CDEs

PBD: Patient/Beneficiary Demographics

PBD1: Patient's first name, last name, and middle initial (text)

PBD2: Patient's date of birth (date: MM/DD/YYYY)

PBD3: Patient's gender (Single selection from the value set: M, F, Other)

PBD4: Patient's Medicare ID (Medicare ID format and check digit)

F2F Encounter CDEs

HHAF2F: F2F Encounter

HHAF2F3: *Certifying physician performed the F2F encounter (Binary, select or not)*

PND: Physician/NPP Demographics

PND1: *Provider first name, last name, middle initial, and suffix (text).*

PND2: Provider NPI (Numeric with check digit)

HHAF2F: F2F Encounter

HHAF2F2: Date of F2F encounter (Date: MM/DD/YYYY)

Reference Information and Dates CDEs

HHARID: Reference Information and Dates

HHARID1: Patient HI Claim No. (text)

HHARID2: Medical Record Number (text)

HHARID3: Initial start of care date (date: MM/DD/YYYY)

HHARID4: Start of episode of care (date: MM/DD/YYYY)

HHARID5: End of episode of care (date: MM/DD/YYYY) (optional)

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Diagnoses CDEs

DIAG: Diagnoses

Note: ICD-10-CM (code), Description (text), Date (date first diagnosed (if available): MM/DD/YYYY), Status (Multiple selection from the value set: acute, chronic, acute-chronic, resolving, resolved)

DIAG1: Principal diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

DIAG2: Other pertinent diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

Procedure CDEs

PROC: Procedures

PROC1: Relevant procedures (e.g. surgical) (Repeat until complete: ICD-10-CM, Description, Date)

Medication CDEs

MED: Medications (Status value set: New, Current, Modified, Discontinued)

MED1: Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

MED2: Other medications (text)

Allergies CDEs

ALL: Allergies (include RxNorm if Known)

ALL1: Allergies (Repeat until complete: RxNorm, Description)

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Functional Assessment CDEs

HHAFA: Functional Assessment

HHAFA1: Functional limitations (Multiple selection from the value set: Amputation, Bowel/bladder (Incontinence), Contracture, Hearing, Paralysis, Endurance, Speech, Legally blind, Dyspnea with minimal exertion, Angina with minimal exertion or at rest, CVA/hemiparalysis/paralysis/dysphonia, Confined to wheelchair, Fall risk)

HHAFA2: Other functional limitations (text)

HHAFA3: Activities permitted (Multiple selection from the value set: Complete bedrest, Bedrest BRP, Up as tolerated, Transfer bed/chair, Partial weight bearing, Independent at home, Crutches, Cane, Wheelchair, Walker, No restrictions)

HHAFA4: Other activities permitted (text)

HHAFA5: Mental status (Multiple selection from the value set: Oriented, Comatose, Forgetful, Depressed, Disoriented, Lethargic, Agitated)

HHAFA6: Other mental status (text)

DME, Safety, and Nutritional CDEs

HHADSN: DME, Safety and Nutritional Requirements

HHADSN1: DME and supplies (text)

HHADSN2: Safety measures (text)

HHADSN3: Nutritional requirements (text)

Prognosis CDEs

HHAPRO: Prognosis

HHAPRO1: Prognosis (Single selection from the value set: Poor, Guarded, Fair, Good, Excellent)

HHAPRO2: Prognosis, additional clarification (text)

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Home Health Services Order CDEs

HHAORD: Home Health Services Orders

HHAORD1: *Intermittent skilled nursing services (if required) [Multiple selection from value set: Administration of medications, Tube feedings, Wound care, Catheters, Ostomy care, NG and tracheostomy aspiration/care, Psychiatric evaluation and therapy, Teaching/training, Observe/assess, Complex care plan management, Rehabilitation nursing, Other (text)]*

Note: For each of the ordered skilled nursing services, indicate the following:

HHAORDF3: *Length of Session (LOS): (Integer with units from value set: Minutes, Hours or as indicated)*

HHAORDF1: *Frequency (Single selection from the value set: (weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other)*

HHAORDF2: *Duration (Integer with units from value set: Days, Weeks or Months, or as indicated)*

HHAORD1a: *Justification and signature (required if the patient's sole skilled service need is for skilled oversight of unskilled services (management and evaluation of the care plan or complex care plan management): (text)*

HHAORD1b: *Signature (required if justification is completed) (text)*

HHAORD2: *Therapy Services (Qualified therapist skills required)*

Physical therapy services:

HHAORD2a: *Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, Gait and balance training, ADL training, other (text)).*

Occupational therapy services:

HHAORD2b: *Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, ADL training, other (text)).*

Speech-language pathology services:

HHAORD2c: *(multiple selection from the following value set: Swallowing, Restore language function, Restore cognitive function, Perform maintenance therapy, other(text))*

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Other Services:

***HHAORD2d:** (multiple selection from the following value set:
Home health aide services, Medical social services)*

Note: For each of the ordered skilled nursing services, indicate the following:

***HHAORDF3:** Length of Session (LOS): (Integer with units from value set: Minutes, Hours or as indicated)*

***HHAORDF1:** Frequency (Single selection from the value set: (weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other)*

***HHAORDF2:** Duration (Integer with units from value set: Days, Weeks or Months, or as indicated)*

Goals / Rehabilitation Potential / Discharge Plans CDEs

HHAGRD: Goals/Rehabilitation Potential/Discharge Plans

HHAGRD1: For each skilled service define the following:

HHAGRD1a: Service (text)

HHAGRD1b: Goals (text)

HHAGRD1c: Rehabilitation potential (text)

HHAGRD2: Discharge plans (text)

Recertification CDEs

HHAREC: Recertification

HHAREC2: How much longer will skilled service be needed: (Value, Units)

Provider Signature CDEs

SIG: Physician Signature Elements

SIG1: Physician/NPP signature (image, electronic, or digital)

SIG2: Physician/NPP name (printed) (text)

SIG5: Date of signature (MM/DD/YYYY)

SIG4: Physician/NPP NPI (NPI format)

Date Received CDE

HHADAT: Dates

HHADA4: Date signed POC was received by the HHA (Date: MM/DD/YYYY)